

CLAIMS ONLY							Application Number 10694997	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend
1	I						51		
2							52		
3	I						53		
4	I						54		
5	I						55		
6	P						56		
7							57		
8							58		
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43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
Total Indep	4						Total Indep		
Total Depend	2						Total Depend		
Total Claims	4						Total Claims		